Delbert Hosemann SECRETARY OF STATE Candidate REPORT OF RECEIPTS AND DISBURSEMENTS Special Election Campaign Finance Secretary of State DATE STAMP Check here if above is different from previous report TYPE OF REPORT January 25, 2011 Pre-Election Report (January 2, 2010 through January 22, 2010).........Runoff Candidates Termination Report (Candidate will no longer accept contributions or make Required to terminate campaign expenditures and has no outstanding campaign debt obligation) reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

1-1-2010-Bal. 60652	Itemized + No	n-itemized =		This Period	Y	Calendar 'ear-To-Date
Total amount of contributions	\$29000-+8	45000	\$	3,350.00	\$ 3	350,00
Total amount of disbursements	5 +5	575	\$	5740	\$	57.43
Total amount of cash on hand			\$	389910		-//
I certify that I have examined the	s report and to t	he best of my	knowle	dge and belief it is to	18, accurat - 201	te, and complete.
Signature of Director or Treasurer			Date			

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.
Penahles: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidetes for Statewide, State district, multi-county and all legislative affices should return form to Secretary of State. Elections Division, P. O. Box 139, Jackson, MS 39205 or fax to 901-358-1499 or 801-576-2819.

2. Candidates for countywide and county district offices should return forms to their county Circuit Clark.

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Delbert Hosemann

		51417		SECRETARY OF STATE
		Candidate		
REPO	RT OF REC	The second secon	ISBURSEMEN	TS
		Special Election	on	BECEIVER
Name of Committee	U.Ke	Bryan		R Tung and
			4/0, MS 388	
Telephone 602.84	1.8778	Fax 662.	680, 938	Secret Secret
Treasurer MA. 'Ke Bry	dn	Emali wike by	you & areas	<u>f.16</u>
Check here If above is d	liferent from previou	is report		
		TYPE OF REI	PORT	
January 4, 2011 Pre-Elec	tion Report (Jan	nuary 1, 2010, throug	ih January 1, 2011).	Mandatory
January 25, 2011 Pre-Ele	ction Report (Ja	nuary 2, 2010 throug	gh January 22, 2010	)Runoff Candidates
January 31, 2011 Annual	Report (January	/ 1, 2010 through De	cember 31, 2010)	only Mandatory
Termination Report (Can	didate will no long	ger accept contributi	ons or make	Required to terminate
campaign expenditures are State De	nd has <u>no</u> outstan	iding campaign debt		reporting obligations
		IMPORTANT		
	g "0" (Zero) for to	tal amount of reporte	d contributions and e	expenditures during this period.
Ann. § 23-15-807 (b) (ii) and (iii)	<b>}.</b>			l in accordance with Miss. Code
(3) The recalving authority must be falls on a weekend or a holiday day before the deadline. Faxed	/, the office must l	be in actual receipt of	rts by 5:00 p.m. on th the required reports	e reporting day. If the deadline by 5:00 p.m. on the first working
4				
f	REPORTED CO	ONTRIBUTIONS A	AND DISBURSEN	
	Itemized + No	n-Itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ +\$	\$		\$
Total amount of disbursements	\$ +\$	\$		\$
Total amount of cash on hand		\$		
I pertify that I have examined the	is report and to t	he best of my know. 		true, accurate, and complete. 24-20//
Signature of Director o	Treasurer		Date	24-2011
iiian ₩useensileOkstiidtikeksileSkiist	HANN SOUND LIGHTS		A.1110.	

Authority: Refer to Miss. Code Ann. §23-15-801 (1872) et. seq. for statutory requirements.
Penafiles: Fallure to submit required reports, or fallure to submit reports in accordance with statutory deadlines, or fallure to submit valid reports shall result in lines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 613 (1872).

SENO TO: 1. Condidates for Statewish, State district, mutti-county and all implaintive offices should return form to Secretary of State, Elections Division, P. O. Box 134, Jackson, MS 39365 or fax to 691-359-1499 or 521-516-2519.

2. Candidates for county-wide and county district offices should return forms to their county Circuit Clork.

Name of Candidate or Committee	mika Bri	100
Reporting period /- (1)	through	12-31-2010

## ITEMIZED DISBURSEMENTS

A Full name C. Ty Of TURILY	(Mo., Day, Year)	Amount of each disbursement this period
	B19110	5000
City, State, Zip Code  City, State, Zip Code  City, State, Zip Code  City, State, Zip Code		\$
Purpose of Dispursement (Optional)	Aggregate Year-to-date	\$ 5000
B. Full name  Mark: 7 5	Date (Mo., Day, Year)	Amount of each dispursement this period
Mailing Address		5 7.43
City, State, 2ip Code 7 (24) 6, MS 38801		5
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 7,43
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address	_'_'_	\$
City, State, Zip Code	_/_/_	S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
Cliy, State, Zip Code		s
Purpose of Disbursament (Optional)	Aggregate Year-to-date	s
F. Full harne	Date (Mo., Day, Year)	Amount of each disbursement this period
Malling Address		s
City, State. Zip Code		s
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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Occupation (Required)

Name of Candidate or Committee	Page 7	of
Reporting period $1-1-200$ through $1231-2000$		
ITEMIZED RECEIP	TS	
	10	
A. Source: Corporation DPAC Mindividual DLogn  DOther (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Guy Mitchell 111	12 18 10	\$ 5000
Malling Address P.O. Box 7120		\$
treelo, MS 38802	_'_'_	\$
Name of Employer (Required) M: + LLL   MC NV4+	_'_'_	\$
Occupation (Required)	Aggregate year-to-date	\$ 50000
B. Source: © Corporation © PAC Individual © Loan  © Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Colin malons o	1218110	2,40000
Mailing Address	''-	\$
City, State, 21p Code 5 - 38802		\$
Namo of Employer (Required)		\$
Occupation (Regulard)	Aggregate year-to-date	\$ 24000
C. Source: Corporation () PAC Individual Loan  Other (please specify)	Data (Mo., Day, Year)	Amount of each receipt this period
Full name		\$
Mailing Address		\$
City, State, Zip Code	_'_'_	\$
Name of Employer (Required)	_/_/_	\$
Occupation (Required)	Aggregate year-to-date	\$
D. Source: D Corporation D PAC D Individual D Loan  D Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
full name		\$
Walling Address	_1_1_	\$
City, Stale, Zip Code		s
Name of Employer (Required)	1 1	s

Aggregate year-to-date